

**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**  
**APPLICATION FOR LICENSURE**  
**CONTROLLED SUBSTANCE HANDLER**  
**(FACILITY)**

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

**Address of Record:** The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

**SUPPORTING DOCUMENTS AND FEES:**

In addition to submitting a complete application, complete the following:

1. Submit a completed take-home “Utah Controlled Substances Law and Rule Examination” (*pages 6 and 7 of this application*) by the person responsible for oversight of the controlled substances in the place of business.
2. Submit a **\$90.00** non-refundable application-processing fee, made payable to “DOPL.”

**ADDITIONAL IMPORTANT INFORMATION:**

1. **Laws and Rules Examination:** Enclosed with this application is the take-home Utah Controlled Substances Law and Rules Examination. The person responsible for oversight of the controlled substances in the place of business must complete the exam and submit it with your application for licensure. Do not submit it separately.

The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov).

- ☐ Division of Occupational & Professional Licensing Act
- ☐ Division of Occupational & Professional Licensing Act Rules
- ☐ Utah Controlled Substances Act
- ☐ Utah Controlled Substance Act Rules

2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to [www.dopl.utah.gov](http://www.dopl.utah.gov) to ensure you have the most recent version of these documents.
3. **Controlled Substance License:** You must hold a Utah controlled substance handler license **and** a federal DEA registration to administer or possess a controlled substance in your practice in Utah.
4. **DEA Registration:** For DEA registration information, contact the Drug Enforcement Administration, Salt Lake District Office, 348 East South Temple, Salt Lake City, UT 84088. Telephone (801) 524-4389.
5. **License Renewal:** All controlled substance handler licenses expire on May 31 of each odd-numbered year.

Unlike many other states, Utah's license renewal schedule is not based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL.

6. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at [www.dopl.utah.gov](http://www.dopl.utah.gov).
7. **Acceptable Forms of Payment:** Licensure fees can be paid by check or money order, made payable to "DOPL." Cash and debit/credit cards (*American Express, MasterCard, and Visa*) are also accepted in person at DOPL's main office – but not over the telephone.
8. **Mail Complete Application to:**  
**By U.S. Mail**  
Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
**By Delivery or Express Mail**  
Division of Occupational & Professional Licensing  
160 East 300 South, 1<sup>st</sup> Floor Lobby  
Salt Lake City, Utah 84111
9. **Telephone Numbers:** (801) 530-6628  
(866) 275-3675 – Toll-free in Utah

# APPLICATION FOR LICENSURE

The business legal name is the name that will appear on the license. This is normally the same name registered with the Division of Corporations. If there is a fictitious business name (*doing business as*), list the name also, e.g., XYZ Corporation dba XYZ Service. If the applicant is not required to be registered with the Division of Corporations, use the name of the business or facility where the licensed activity is to be conducted. The physical location and mailing address is the actual location at which the licensed activity will be conducted and is the address where the Division will send all mail.

License Applying For: Controlled Substance Handler – Facility

## APPLICATION FOR:

☐ Research Facility

☐ Other (*Please specify*) \_\_\_\_\_

**BUSINESS LEGAL NAME:** \_\_\_\_\_

**FEDERAL TAX ID NUMBER:** \_\_\_\_\_

## PHYSICAL LOCATION AND MAILING ADDRESS

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_/\_\_\_\_/\_\_\_\_

Denied By: \_\_\_\_\_

Reason for Denial/Other Comments: \_\_\_\_\_

## **AFFIDAVIT FOR UTAH LAWS AND RULES**

I understand that it is my responsibility to read and understand all statutes and rules pertaining to my practice as a controlled substance handler in Utah and I agree to comply with such.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **MEDICAL DIRECTOR OR RESPONSIBLE PERSON FOR LICENSING PURPOSES:**

Name: \_\_\_\_\_

Profession: \_\_\_\_\_ Utah License Number: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### **AUTHORIZATION FOR CONTROLLED SUBSTANCES:**

List ALL controlled substances for which authorization is requested. *(Use additional sheets if necessary.)*

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### **TRAINING:**

Describe the training each person will receive who is authorized to possess and administer the controlled substances. Identify initial training, periodic in-service training, subject matter covered, hours of training, and qualifications of persons providing the training. *(Use additional sheets if necessary.)*

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**DIVERSION SAFEGUARDS:**

Describe the facilities, controls, records, and systems that will be or are in place to provide for accountability, safe and proper utilization, and prevention of diversion of the controlled substances. *(Use additional sheets if necessary.)*

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**DISCLOSURE OF HOW CONTROLLED SUBSTANCES WILL BE PURCHASED, STORED, USED, AND ACCOUNTED FOR:** *(Use additional sheets if necessary.)*

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# UTAH CONTROLLED SUBSTANCES LAW AND RULES EXAMINATION

The reference listed after each question is provided to assist you in selecting your response. The examination is not intended to be difficult. The purpose of the exam is to bring to your attention specific practice issues you need to know in order to avoid violating Utah law and rule. If you are uncertain about any of the questions listed below, please refer to the reference listed in order to become familiar with Utah's controlled substance prescribing practices.

Answer “**true**” or “**false**” for each statement. Do not leave any statement blank. Return this completed examination with your application for licensure.

1. \_\_\_\_\_ A prescription for a schedule II controlled substance may be filled in a quantity not to exceed a 30 day supply. [58-37-6(7)(f)(i)(B)]
2. \_\_\_\_\_ A prescription for a schedule III or IV controlled substance may be refilled 5 times within a six month period from the issue date of the prescription. [58-37-6(7)(f)(ii)]
3. \_\_\_\_\_ All prescription orders must be signed in ink or indelible pencil to prevent anyone from altering a legitimate prescription. [58-37-6(7)(d)]
4. \_\_\_\_\_ Licensed prescribing practitioners must make their controlled substance stock and records available to DOPL personnel for inspection during regular business hours. (R156-37-601)
5. \_\_\_\_\_ All records of purchasing, prescribing, and administering controlled substances must be maintained by the licensed prescribing practitioner for at least five years. [R156-37-602(3)]
6. \_\_\_\_\_ The name, address, and DEA registration number of the prescribing practitioner, and the name, address, and age of the patient are required to be included on the prescription for a controlled substance. [58-37-6(7)(d)]
7. \_\_\_\_\_ A controlled substance is taken according to the prescriber's instructions. A refill may be dispensed after 80% of the medication has been consumed. [R156-37-603(7)]
8. \_\_\_\_\_ After the discovery of any theft or loss of a controlled substance, the prescribing practitioner is required to file the appropriate forms with the DEA, report the incidence to the local police, and send copies of the filed DEA forms to DOPL. [R156-37-602(2)]

*(Continued on the following page.)*

9. \_\_\_\_\_ The maximum number of controlled substances that can be written on a single prescription form is one. [R156-37-603(3)]
10. \_\_\_\_\_ An emergency verbal prescription order for a schedule II controlled substance requires that the patient be under the continuing care of the prescribing practitioner for a chronic disease, the amount of drug prescribed is limited to what is needed to adequately treat the patient for no more than 72 hours, and a written prescription shall be delivered to the filling pharmacy within 7 working days of the verbal order. [R156-37-605]
11. \_\_\_\_\_ A prescribing practitioner in Utah may not dispense prescription medications to his/her patients except for manufacturers' samples. [58-37-2(1)(m) and 58-17b-102(28)]
12. \_\_\_\_\_ Issuing a prescription for a schedule II or III controlled substance for yourself is considered unprofessional conduct and may result in disciplinary action. [R156-37-502]
13. \_\_\_\_\_ A prescribing practitioner is using a schedule IV controlled substance in the treatment of weight reduction for obesity. The practitioner has completed a medical history of the patient, has performed a complete physical examination, has ruled out contra-indications, and has determined that the health benefits of treatment greatly out-weigh the risks. An informed consent signed by the patient is also required prior to initiating treatment. [R156-37-604(2)]



# CONTROLLED SUBSTANCE HANDLER (FACILITY) QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Is there any owner, officer, manager, or employee associated with or employed by the applicant who has not read or who does not understand the Utah Controlled Substances Act and the Utah Controlled Substance Act Rules?
3. \_\_\_\_\_ Has any owner, officer, manager, or employee associated with or employed by the applicant ever been denied the right to sit for a licensure examination?
4. \_\_\_\_\_ Has any owner, officer, manager, or employee associated with or employed by the applicant, ever had any license denied, conditioned, curtailed, limited, restricted, suspended, or revoked by federal, state, or local government?
5. \_\_\_\_\_ Has any owner, officer, manager, or employee associated with or employed by the applicant ever been permitted to resign or surrender a license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against him by any professional licensing agency, hospital or other health care facility, medical staff, medical society, or criminal or administrative jurisdiction?
6. \_\_\_\_\_ Is any owner, officer, manager, or employee associated with or employed by the applicant currently under investigation or is any disciplinary action pending against him by any professional licensing agency or pharmacy licensing agency?
7. \_\_\_\_\_ Has any owner, officer, manager, or employee associated with or employed by the applicant ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
8. \_\_\_\_\_ Has any owner, officer, manager, or employee associated with or employed by the applicant ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against him by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?

*(Continued on the following page.)*

9. \_\_\_\_\_ Is any action related to the conduct or patient care of any owner, officer, manager, or employee associated with or employed by the applicant pending against him now at any hospital or health care facility?
10. \_\_\_\_\_ Has any owner, officer, manager, or employee associated with or employed by the applicant ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
11. \_\_\_\_\_ Has any owner, officer, manager, or employee associated with or employed by the applicant ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against him by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
12. \_\_\_\_\_ Is any action pending against any owner, officer, manager, or employee associated with or employed by the applicant now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
13. \_\_\_\_\_ Has any owner, officer, manager, or employee associated with or employed by the applicant ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the Federal Drug Enforcement Administration (DEA) or any state drug enforcement agency?
14. \_\_\_\_\_ Has any owner, officer, manager, or employee associated with or employed by the applicant ever been permitted to surrender his registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against him by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
15. \_\_\_\_\_ Has any owner, officer, manager, or employee associated with or employed by the applicant ever been convicted under any federal, state, or local laws relating to the distribution or manufacturing or prescription drugs, drug samples, controlled substances, or controlled substance precursors?
16. \_\_\_\_\_ Is any action pending against any owner, officer, manager, or employee associated with or employed by the applicant now by either the Federal Drug Enforcement Administration (DEA) or any state drug enforcement agency?
17. \_\_\_\_\_ Has any owner, officer, manager, or employee associated with or employed by the applicant ever been named as a defendant in a malpractice suit?

*(Continued on the following page.)*

18. \_\_\_\_\_ Has any owner, officer, manager, or employee associated with or employed by the applicant ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
19. \_\_\_\_\_ Has any owner, officer, manager, or employee associated with or employed by the applicant ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
20. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would any owner, officer, manager, or employee associated with or employed by the applicant pose a direct threat to himself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
21. \_\_\_\_\_ Has any owner, officer, manager, or employee associated with or employed by the applicant ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
22. \_\_\_\_\_ Has any owner, officer, manager, or employee associated with or employed by the applicant ever been terminated from a position because of drug use or abuse?
23. \_\_\_\_\_ Is any owner, officer, manager, or employee associated with or employed by the applicant currently using or has any owner, officer, manager, or employee associated with or employed by the applicant recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
24. \_\_\_\_\_ Has any owner, officer, manager, or employee associated with or employed by the applicant ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which they have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which they have not otherwise been successfully rehabilitated?
25. \_\_\_\_\_ Has any owner, officer, manager, or employee associated with or employed by the applicant ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
24. \_\_\_\_\_ Does any owner, officer, manager, or employee associated with or employed by the applicant currently have any criminal action pending?

*(Continued on the following page.)*

25. \_\_\_\_\_ Has any owner, officer, manager, or employee associated with or employed by the applicant ever pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
26. \_\_\_\_\_ Has any owner, officer, manager, or employee associated with or employed by the applicant ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
27. \_\_\_\_\_ Has any owner, officer, manager, or employee associated with or employed by the applicant ever, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
28. \_\_\_\_\_ Has any owner, officer, manager, or employee associated with or employed by the applicant ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?

**If you answered “yes” to questions 24, 25, 26, 27, or 28 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

**If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.**

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**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.**

# **AFFIDAVIT and RELEASE AUTHORIZATION**

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_